

Summer Food Service Program **Enrollment Information**

At the beginning of each session, sponsors with camps and enrolled programs must submit actual enrollment numbers for each site.

Please complete and mail to: Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.

Sponsor Nam	e		Agreement Number		
Address					
	Street	City	State	Zip Code	
Number of ch	ildren who qua	lify for free meals			
		amily size and income number Food Meals			
connection wi	th the receipt o	mation is true and correct of federal funds. I am a may result in prosecutio	ware that deliberate n	nisrepresentation or	
Authorized Si	gnature			_Date	